

For City of Columbia Use Only:
☐ CDBE Approved
☐ DBE Approved
☐ Not Approved
Reviewer:
Date:

City of Columbia CDBE Certification Application

certify that My Company meets all of the following qualifications below to be a CDBE.
lease check each box below and provide required documentation:
My company is a Contractor, Subcontractor, Vendor/Supplier, or Manufacturer, who is certified as a Disadvantaged Business Enterprise (DBE) in compliance with the definitions, outlined in the Columbia Disadvantaged Enterprise Guidelines. Types of Products or Services your firm supplies: Type: Please circle one of the following (if applicable): WBE MBE DBE DVBE For DBE Certified Subcontractors, Vendor/Supplier, or Manufacturer: Certifying Entity: (SBA, SCDOT, SC Office of Small and Minority Business Contracting and Certification, Women's Business Enterprise National Council, National Minority Supplier Diversity Council:
o Certification Number:
Oocumentation Required: Copy of the Certification per CDBE guidelines
My company <u>is located</u> within the 8 CSA jurisdictions (*See CSA list below) and has been for <u>at least 1 year</u> . *The Counties included in the Columbia-Orangeburg-Newberry CSA are: Calhoun, Fairfield, Kershaw, Lexington, Newberry, Orangeburg, Richland, and Saluda. My company <u>is not located</u> in the Columbia-Orangeburg-Newberry CSA.
My company is in good standing with State of South Carolina (must be in good standing with the State of South Carolina regarding payments of taxes and required business licenses).
My company is a socially and/or Economically Disadvantaged Enterprise.
Please circle the Race of the Owner of Company (This information is used for data purposes only for the city): 1 Black American 4 Hispanic 2 Asian Pacific 5 Native American 3 Subcontinent Asian 6 Non-Minority
City of Columbia Vendor# (All Vendor Numbers begin with a V): V
Has your company ever applied for and been denied a DBE certification? YES \square NO \square
Company Name:
Address:
How long have you resided at your current address?yearsmonths Current Business License Number Phone Number: Email Address:
I certify by my signature below that all of the information given above is true and accurate to the best of my knowledge. I also recognize that by signing - any false information above may lead to penalties or sanctions.
Owner's Name: Date: Signature:
To be completed by eligible Subcontractor, Vendor/Supplier, and/or Manufacturer.
Please complete and submit application with required documentation to:
Compliance Department Tel: (803) 545-4185 Email: jmnelly@columbiasc.net
Attn: CDBE Administrator/Team (803) 545-3049 <u>agdriggers@columbiasc.net</u>
1136 Washington Street, 5 th Floor (803) 545-4433 <u>ebwade@columbiasc.net</u> Columbia, SC 29217